SOLID WASTE MANAGEMENT FACILITIES REQUEST FOR TRANSFER OF PERMIT COVERAGE Facility Name: Location: (Do Not Use P.O. Box) Street State Zip Telephone: (____) _____ Fax (____) ____ Citv Original Owner Name: Permit No.: Mailing Address: Permit Effective Date: / / City____State__Zip___ Permit Expiration Date: ____/___/ Telephone: (____) ____ Fax (____) ___ New Owner/Operator Name: Responsible official after transfer: Mailing Address: City State Zip Title: Telephone: (____) Fax (____) Will Facility Name Change? Yes_____ No _____ Telephone: (____) Fax (____) Will Facility Operation Change? Yes _____ No ___ If yes, provide New Name for Permit No.: If no, recipient may opt to use previously approved operating plan submitted by original owner. If yes, recipient needs to New Name: submit a new operating plan. From: _____ Acquisition Date: To: Check the applicable items below: The recipient certifies that they have received a copy of the operating plan from the original owner as approved by Department of Environmental Quality (DEQ).* The recipient is submitting a new operating plan which is attached to this form. The recipient is submitting a completed disclosure statement since the subject facility is a commercial solid waste management facility (attached to this form). By Signature below, the recipient certified that they are aware of the requirements of the permit and the Nonhazardous Waste Management Regulations and agrees to accept responsibility and liability for compliance with both documents. By signature below, the original owner is requesting that the permit be transferred to the recipient. The permit is only transferred after action by the DEQ or the Permit Board, where appropriate. Print Name Print Name

*if a copy of the approved operating plan cannot be obtained from the original owner, a copy may be obtained upon request from the DEQ.

New Owner Signature

Date

Original Owner Signature

Date